

Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

May 6, 2008

Denise C. Hunt, RN, MFT Director Stanislaus County Behavioral Health And Recovery Services 800 Scenic Drive Modesto, CA 95350

Dear Ms. Hunt:

#### **AUDIT REPORT - STANISLAUS COUNTY BEHAVIORAL HEALTH**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Stanislaus County Behavioral Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

#### **Net Program Costs**

		<u>Settled</u>		Allowed	<u>Adj</u>	<u>ustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 1	6,791,100	\$ 1	6,229,002	\$ (	562,098)
Federal Share of Healthy Families/Medi-Cal	\$	229,352	\$	235,875	\$	6,523

Denise C. Hunt, Director May 6, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

PR WALTER J. HILL, JR., MBA, EA

Chief of Audits

**Enclosures** 

**CERTIFIED MAIL** 

MABEL GILTNER, Supervisor Audits – Bay & Central Region

# STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL		_	As Settled		Audit Adjustments	As Audited
PROGRAM COSTS						
COUNTY PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a) (Sch. 2a)	\$ \$ <u></u>	10,745,677 90,689 10,836,366	\$ \$	(571,373) \$ (1,610) (572,983) \$	10,174,304 89,079 10,263,383
CONTRACT PROVIDERS  MEDI-CAL - FFP  HEALTHY FAMILIES - FFP  TOTAL FFP - CONTRACT PROVIDERS	(Sch. 3b) (Sch. 3b)	s <u> </u>	6,045,423 138,663 6,184,086	\$ <u></u>	9,275 8,133 17,408	6,054,698 146,796 6,201,494
TOTAL FFP - COUNTY PLUS CONTRACT PR MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRACT PR		s s <sup>-</sup>	16,791,100 229,352 17,020,452	s 	(562,098) \$ 6,523 (555,575) \$	16,229,002 235,875 16,464,877

# STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

#### COUNTY OPERATED FEDERAL

COUNT	TY OPERATED FEDERAL		_	As Settled		Audit Adjustments	_	As Audited
	1edi-Cal Gross Reimbursement							
I. Inp	patient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	6,837,636	\$	(120,814)	\$	6,716,822
	tpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		9,576,128		(20,997)		9,555,131
	hanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		19,586		(8,104)		11,482
4. En	hanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		59,978		(2,513)		57,465
5. En	hanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		1,351		1,351
6. En	hanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		4,546		4,546
7. He	ealthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		14,183		0		14,183
8. He	ealthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		92,795		(2,248)		90,547
9. To	tal		\$=	16,600,306	\$ .	(148,780)	\$_	16,451,526
Less: P	atient & Other Payor Revenues							
10. Ing	patient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	1,173,004	\$	109,512	\$	1,282,516
11. Ou	tpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		99,714		80		99,794
12. En	nhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. En	nhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. En	hanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. En	hanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. He	ealthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. He	ealthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0	_	0		0
18. To	otal		\$_	1,272,718	\$	109,592	\$_	1,382,310
Medi-C	Cal Net Reimbursement for Direct Services							
19. Ing	patient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	5,684,218	\$	(238,430)	\$	5,445,788
20. Ot	utpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		9,536,392		(23,590)		9,512,802
21. En	nhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		1,351		1,351
22. En	nhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		4,546		4,546
23. He	ealthy Families-I/P	(Ln 7 - Ln 16)		14,183		0		14,183
24. He	ealthy Families-O/P	(Ln 8 - Ln 17)		92,795		(2,248)		90,547
25. To	otal		\$_	15,327,588	\$	(258,372)	\$_	15,069,216
Medi-C	Cal MAA Reimbursement							
26. Ser	rvice Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27. Ser	rvice Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28. Ser	rvice Functions 21-19	(MH1979, Ln 13, Col. A)		0		0		_0
29. To	tal		\$	0	- \$	0	\$-	0

## STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL					Audit		
		_	As Settled	_	Adjustments	_	As Audited
Amount Negotiated Rates Exceed Cost		_	_	_	_		_
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0	_	0	_	0
36. Total		<b>\$</b> _	0	\$_	0	\$ =	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	4,269,533	\$	(25,972)	\$	4,243,561
38. Medi-Cal Administration	(MH 1979, Ln 5)	<u> </u>	3,671,681	\$	(411,812)	_	3,259,869
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	3,671,681	`\$-	(411,812)	_	3,259,869
	(,	_	-,,	· ~ =	(····,- <u>·-</u> )	_	
<b>Healthy Families Administrative Reimbursement</b>							
40. Healthy Families Administrative Reimbursement Limit		<b>\$</b> _	32,190	. \$ _	(225)	\$_	31,965
41. Healthy Families Administration	(MH1979, Ln 9)	<b>\$</b> _	45,084	. \$_	(5,056)	\$_	40,028
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	32,190	. \$_	(225)	\$ _	31,965
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	1,368,855	\$	(304,946)	¢	1,063,909
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	=	62,085	: "= \$	(13,831)	=	
44. Other mear-car O.K.	(MITT979, Ell 13, Col. D)	<b>"</b> =	02,083	: °=	(13,631)	<b>"</b> =	48,254
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	7,800,211	\$	(128,828)	\$	7,671,383
46. Enhanced (Children)	(MH1979, Ln 17,17A)		51,941		(6,910)		45,031
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		5,896		5,896
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		1,835,841		(205,907)		1,629,935
50. U.R. Skilled Professional	(MH1979, Ln 14)		1,026,641		(228,709)		797,932
51. U.R. Other	(MH1979, Ln 15)		31,043		(6,916)		24,127
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0	_	0
53. Subtotal- FFP		\$	10,745,677	\$	(571,373)	\$_	10,174,304
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adi # )	Ф	0	Φ	0	Ф	0
•	,	_				_	
56. Total SD/MC Reimbursement - FFP		\$_	10,745,677	\$ .	(571,373)	. \$ _	10,174,304
Net Healthy Families Reimbursement - FFP							
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	69,685	\$	(1,463)	\$	68,222
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	21,004	_	(147)		20,857
60. Total Healthy Families Reimbursement - FFP		\$_	90,689	\$	(1,610)	\$_	89,079
61. Total - FFP (Ln 56 + Ln 60)		\$	10,836,366	\$	(572,983)	\$	10,263,383
•		=		= :			(To Sch. 1)

#### STANISLAUS COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	19)	(10)
		Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		<b>Gross Cost</b>	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
Number	<u>Legal Entity</u>		I N P	A T & E	N T			O U T	PATI	E N T	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
	Telecare Corporation	\$ 0 \$	0 \$	0 \$	0 \$					1,817,589 \$	1,859
	FamiliesFirst, Inc.	\$ 0 \$	0 \$	0 \$	0 \$					622,360 \$	2,488
	Mental Health Systems, Inc.	\$ 0 \$	0 \$	0 \$	0 9					446,201 \$	27,870
	Center for Human Services	\$ 0.\$	0 \$	0 \$	0 \$					2,287,617 \$	81,633
	Deborah Johnson	\$ 0.\$	0 \$	0 \$	0 \$					111,391 \$	734
	Sierra Vista Children's Center	\$ 0 \$	0 \$	0 \$	0 9	-				3,088,120 \$	104,548
00226	Turning Point Community Programs	\$ 0.5	0 \$	0 \$	0 \$					2,710,170 \$	679
00461	Summit View	\$ 0 \$	0 \$	0 \$	0 9					57,082 \$	_ 0
	Moss Beach Homes, Inc.	\$ 0 <b>\$</b>	0 \$	0 \$	0 9					654,890 \$	7,916
	North Valley Schools, Inc.	\$ 0 \$	0 \$	0 \$	0 \$					41,372 \$	0
00512	River Oak Center for Children	\$ 0 \$	0 \$	0 \$	0 \$					21,639 \$	0
	3	\$ 0 \$	0 \$	0 \$	0 \$					0 \$	0
	\$	5 0 \$	0 \$	0 \$	0 \$					0 \$	0
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	•			0 \$	0 \$		11,721,180 \$	137,251	ss	11,858,431 \$	227,727
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#### STANISLAUS COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(11)	(12)	(13)	(14)	<u>(</u> 15)	(16)	(17)	(18)	(19)
		Total	Healthy	Total	Healthy	Total		Total		Total
Legal		Revenue	Families	Revenue	Families	Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity		(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
<u>Number</u>	Legal Entity		TIENT	OUTPA			TIENT		ATIENT	Reimbursement
		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
		Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)					Ln 11-13)
	Telecare Corporation	\$ 0			0 \$					
	FamiliesFirst, Inc.		\$ 0 \$		0 \$					
	Mental Health Systems, Inc	\$ 0		8,325 \$	0 \$					
	Center for Human Services		\$ 0 \$	3,795 \$	0 \$					
	Deborah Johnson	\$ 0		75 \$	0 \$					
	Sierra Vista Children's Center	•	\$ 0 \$	629 \$	0 \$	0 \$	- ,			
	Turning Point Community Programs	•	\$ 0 \$	18,226 \$	0 \$	0 \$	0 \$			
00461	Summit View	•	\$ 0.\$	\$	0 \$	0 \$				
	Moss Beach Homes, Inc.	\$ 0	• • •	\$	0 \$	0 \$				
	North Valley Schools, Inc.	\$ 0		\$	0 \$	0 \$				0
	River Oak Center for Children	\$ 0	5 0 \$	\$	0 \$	0 \$	0 \$	, +		0
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	GRAND TOTAL	5	0 \$	46,016 \$	0 \$	0 \$	0 \$	11,812,415	\$	0

#### STANISLAUS COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

	3	(20)	(21)	(22)	{23}	{24}	(25)	(26)	(27)	(28)
		Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legal		Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number Number	Legal Entity	INPA	TIENT	CUTPA	TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00108	Telecare Corporation	\$ 0		0 \$	0 \$				1,888,479 \$	931,350
00120	FamiliesFirst, Inc.		\$ 0 \$	0 \$	0 \$				489,222 \$	320,134
00138	Mental Health Systems, Inc	\$ 0	\$ 0 \$	0 \$	0 \$				365,495 \$	245,702
00167	Center for Human Services	\$ 0	\$ 0 \$	0 \$	0 \$				1,398,718 \$	1,238,388
00168	Deborah Johnson	•	\$ 0 \$	0 \$	0 \$				79,217 \$	57,712
00170	Sierra Vista Children's Center	•	\$ 0 \$	0 \$	0 \$				1,847,507 \$	1,626,935
00226	Turning Point Community Programs	•	\$ 0 \$	0 \$	0 \$				1,838,874 \$	1,376,360
00461	Summit View	\$ 0	\$ 0 \$	0 \$	0 \$			29,210 \$	31,024 \$	29,210
00467	Moss Beach Homes, Inc.	\$ 0	\$ 0 \$	0 \$	0 \$				392,608 \$	343,135
00484	North Valley Schools, Inc.	•	\$ 0 \$	0 \$	0 \$			, +	52,285 \$	21,492
00512	River Oak Center for Children	•	\$ 0 \$	0 \$	0 \$	. ,		11,076 \$	18,141 \$	11,076
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O	0 5		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
О	0 \$			0 \$	0 \$		0 \$	0 \$	0 \$	0
O	0 5		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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C	0 \$		•	0 \$	0 \$		0 \$		0 \$	0
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С	0 \$			0 \$	0 \$		0 \$		0 \$	0
C	0 \$		•	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
О	0 \$			0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
О	0 \$			0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
О	0 \$	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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O	0 \$	0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	GRAND TOTAL	0	\$		0 \$	6,054,698 \$	146,796 \$	6,201,494 \$	8,401,570 \$	6,201,494

(To Sch. 1)

Provide					Provider Number	No. of Adj.		eriod Ended
	STANISLAU	is cou	NTY		00050	76	June	30, 2003
	Report Ref	erence			As			As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
1 2 3	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	3 3 3 3	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS  To allocate Total Administrative Costs between SD/MC, Health Non SD/MC Administration based on the unduplicated client of percentages of 55.5126% for SD/MC, 0.6816% for Healthy Fa 43.8058% for Non SD/MC per County's supporting documenta	ount method milies Admin., and	\$ 3,671,681 \$ 45,084 \$ 2,155,539 \$ 5,872,304	\$ (411,812) \$ (5,056) \$ 416,868	\$ 3,259,869 \$ 40,028 \$ 2,572,407 \$ 5,872,304
4 5 6	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	3 3 3 3	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS  To allocate Total Utilization Review Costs using the Medi-Call percentage of 77.7225% for SPMP and Other SD/MC UR, and Non SD/MC UR per County's supporting documentation.	Eligibility Factor 1 22.2775% for	\$ 1,368,855 \$ 62,085 \$ - \$ 1,430,940	\$ (304,946) \$ (13,831) \$ 318,777	\$ 1,063,909 \$ 48,254 \$ 318,777 \$ 1,430,940
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		eriod Ended
	STANISLAL	JS COU	NTY		00050	76	June	30, 2003
	Report Ref	erence				As	Increase	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED GROSS COS	<u>8T</u>			
7 8	MH 1966A MH 1966A	3 3		MODE 05 SERVICE FUNCTION 05/10 SERVICE FUNCTION 05/19  To adjust the Medi-Cal reported gross cost at the service functional level after recalculation of the same costs per unit.	ion	\$ 13,845,448 \$ 237,748	\$ 11 \$ (11)	\$ 13,845,459 \$ 237,737
9 10 11 12	MH 1966A MH 1966A MH 1966A MH 1966A	3 3 3 3		MODE 15 SERVICE FUNCTION 15/01 SERVICE FUNCTION 15/10 SERVICE FUNCTION 15/60 SERVICE FUNCTION 15/70  To adjust the Medi-Cal reported gross cost at the service function level to reflect the RVS method of allocation.	ion	\$ 4,625,746 \$ 6,548,178 \$ 2,801,430 \$ 1,651,920	\$ (733,944) \$ (195,990) \$ 239,675 \$ 690,257	\$ 3,891,802 \$ 6,352,188 \$ 3,041,105 \$ 2,342,177
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	<u> </u>				Provider Number	No. of Adj.	Fiscal Per	riod Ended
	STANISLAU	IS COU	NTY		00050	76	June 3	0, 2003
	Report Refe	erence	1	EVEL ANATION OF AUDIT AD HISTME	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME			(200,000)	
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
13 14 15 16 17 18 19 20 21	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total Info	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 10/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the as settled (MH 1966A) SD/MC units of service/tir county operated facilities to agree with the State DMH Approve Report dated September 26, 2007. Above adjustments include Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, we the units for the three (3) reimbursement periods.	ed Claims e Phase II. ns have	973,959 3,052,699 19,392 45,689 9,219 16,956 0 6,825 34,403 4,159,142	19,296 46,761 (2,020) (3,316) (45) (582) 1,652 180 (142) 61,784	993,255 * 3,099,460 * 17,372 * 42,373 * 9,174 * 16,374 * 1,652 * 7,005 * 34,261 * 4,220,926 *
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

Provide			_		Provider Number	No. of Adj.	Fiscal Per	riod Ended
	STANISLAU	JS COU	NTY		00050	76	June 3	0, 2003
	Report Ref	erence		EVEL ANATION OF AUDIT AD UICTME	EVELANATION OF AUDIT AD MICHAENTO			
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
22 23 24 25 26 27 - 29 30	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Info	MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust the SD/MC units of service/time per the State DMH A Claims Report to the county's records. Above adjustments inc Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, we the units for the three (3) reimbursement periods.	lude Phase II. ns have	** 993,255 ** 3,099,460 ** 17,372 ** 42,373 ** 9,174 ** 16,374 ** 1,652 ** 7,005 ** 34,261 ** 4,220,926	(17,604) (44,553) 2,020 4,403 45 427 0 (180) 1,043 (54,399)	975,651 * 3,054,907 * 19,392 * 46,776 * 9,219 * 16,801 * 1,652 * 6,825 * 35,304 * 4,166,527 *
				Balance carried forward to subsequent adjustment.      Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.	Fiscal Per	
	STANISLAU	s coul	YTY		00050	76	June 3	0, 2003
	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch	Line	Col.	EXPLANATION OF AUDIT ADJUST ME		rtoponos	(223.2333)	
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
31 32 33 34 35 36 - 37 38	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 ENHANCED - REFUGEES UNITS - 07/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL UNITS  To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Above ad include Phase II. Copies of workpapers detailing adjustments functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.	justments by service ) worksheets,	** 975,651 ** 3,054,907 ** 19,392 ** 46,776 ** 9,219 ** 16,801 ** 1,652 ** 6,825 ** 35,304 ** 4,166,527	(176) (358) (27) (135) (45) (427) 0 180 (1,043) (2,031)	975,475 * 3,054,549 * 19,365 46,641 * 9,174 16,374 1,652 7,005 34,261 4,164,496
39 40	MH 1966A MH 1966A	8 8A	Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03  To adjust SD/MC units to limit units to audited Total Units.  ASO 15-10 ASO 15-60 Fee-For Service 15-10	(5,520) (105) (150) (5,775)	** 975,475 ** 3,054,549	(1,448) (4,327) (5,775)	974,027 * 3,050,222 *
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	r STANISLAU	IS COLI	NTY		Provider Number 00050	No. of Adj.		riod Ended 0, 2003
	Report Ref					As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNIT COUNTY PROVIDERS - PROGRAMS 1 AND	<u>S</u> 2			
41 42 43	MH 1966A MH 1966A MH 1966A	8 8A 9A	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  To adjust SD/MC units per County's claim of lockout units.  MEDI-CAL 05/10 MEDI-CAL 05/19 MEDICARE/MEDI-CAL 05/10	588 47 25 660	** 974,027 ** 3,050,222 ** 46,641	182 453 25 660	974,209 3,050,675 46,666
}								
				* Balance carried forward to subsequent adjustment.     ** Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.	Fiscal Per	
	STANISLAU	S COU	YTY	,	00050	76	June 30	0, 2003
Adj.	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTME	NTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS	<u>5 -</u>			
44 45 46 47 48 49 50 51	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11	Total Info	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL  To adjust the as settled (MH 1966A) SD/MC units of service/tir	ne for the	1,305,203 4,537,435 478 848 17,513 66,120 19,426 109,351 6,056,374	11,152 50,734 (478) (848) (1,033) (2,208) 942 7,350 65,611	1,316,355
52 53 54 55 56 57 58 59	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11	Total Total	To adjust the as settled (MH 1966A) SD/MC units of service/uncounty operated facilities to agree with the State DMH Approve Report dated September 26, 2007.  Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, without units for the three (3) reimbursement periods.  MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDI-CAL UNITS - 10/01/02 to 06/30/03  MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02  MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03  ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02  ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03  HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02  HEALTHY FAMILIES - 10/01/02 to 06/30/03  TOTAL  To adjust the SD/MC units of service/time per the State DMH ACT Claims Report to the county's records.  Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, with units for the three (3) reimbursement periods.  * Balance carried forward to subsequent adjustment.	Approved	** 1,316,355 ** 4,588,169 ** 0 ** 0 ** 16,480 ** 63,912 ** 20,368 ** 116,701 ** 6,121,985	(12,070) (36,047) 578 2,534 1,033 88 (942) 2,920 (41,906)	1,304,285 * 4,552,122 * 578 * 2,534 * 17,513 * 64,000 * 19,426 * 119,621 * 6,080,079 *
_				Balance carried forward to subsequent adjustment.      Balance brought forward from prior adjustment.				

California Health and Human Services Agency Department of Mental Health

Provide	ır				Provider Number	No. of Adj.	Fiscal Per	iod Ended
	STANISLAU	IS COU	NTY		00050	76	June 3	0, 2003
	Report Ref	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRAC	CT PROVIDERS			
60 61 62 63 64 65 66 67	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 11 11A	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02 ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03 HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES - 10/01/02 to 06/30/03 TOTAL  To adjust SD/MC units to incorporate the controls of the lower records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service function been provided to the County. See the MH 1970 worksheets, we the units for the three (3) reimbursement periods.	ns have	** 1,304,285 ** 4,552,122 ** 578 ** 2,534 ** 17,513 ** 64,000 ** 19,426 ** 119,621 ** 6,080,079	141 (1,726) (41) (10) (1,033) (940) 375 (4,443) (7,677)	1,304,426 4,550,396 537 2,524 16,480 63,060 19,801 115,178 6,072,402
				<ul> <li>* Balance carried forward to subsequent adjustment.</li> <li>** Balance brought forward from prior adjustment.</li> </ul>				

Provide	r				Provider Number	No. of Adj.		eriod Ended
	STANISLAU	JS COU	NTY		00050	76	June	30, 2003
	Report Ref	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
			!	ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY				
68 69 70 71	MH 1968 MH 1968 MH 1968 MH 1968	28 28A 28 28A	E K	PATIENT AND OTHER PAYOR REVENUE - I/P (10/01/0 PATIENT AND OTHER PAYOR REVENUE - O/P (07/01/0	2 - 09/30/02) 2 - 06/30/03) 2 - 09/30/02) 2 - 06/30/03) cunty's records.	\$ 247,708 \$ 925,296 \$ 23,552 \$ 76,162	\$ 38,620 \$ 70,892 \$ (16) \$ 96	\$ 286,328 \$ 996,188 \$ 23,536 \$ 76,258
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provide	r STANISLAU	IS COLI	MTV		Provider Number 00050	No. of Adj. 76		eriod Ended 30, 2003
	Report Ref		<b>411</b>			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
72	MH 1979	2	D	ADJUSTMENTS TO REPORTED SD/MC SETTLE  CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS F  To adjust reported Contract Provider Direct Medi-Cal Gross R as a result of adjustments to the contract providers SD/MC un service/time.	REIMB eimbursement	\$ 11,839,034	\$ 104,575	\$ 11,943,609
73 74	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNT TOTAL REIMBURSEMENT - COUNTY	Y	\$ 10,745,677 \$ 90,689 \$ 10,836,366	\$ (571,373) \$ (1,610) \$ (572,983)	\$ 10,174,304 \$ 89,079 \$ 10,263,383
75 76	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT P TOTAL REIMBURSEMENT - CONTRACT PROVIDERS  To adjust Total SD/MC Reimbursement (FFP) due to the adjust reported costs and units.		\$ 6,045,423 \$ 138,663 \$ 6,184,086	\$ 9,275 \$ 8,133 \$ 17,408	\$ 6,054,698 \$ 146,796 \$ 6,201,494
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.				

# STANISLAUS COUNTY COMMUNITY MENTAL HEALTH SERVICES SHORT-DOYLE/MEDI-CAL PROGRAM FINDINGS AND RECOMMENDATIONS FOR FISCAL YEAR ENDED JUNE 30, 2003

## FINDING 1 – COSTS ALLOCATION BETWEEN MODES AND SERVICE FUNCTIONS

Our review disclosed that the County did not use an allowable method of allocating costs between Modes and Service Functions. The allocation bases the County applied are Total Service Units and some short-term historical statistics, such as Emergency Service Hours, that are not recommended in the cost report instructions. Acceptable bases of allocation are (1) Direct, (2) Time Study, or (3) Relative Value based on units of service/time multiplied by the County's charges and/or SMA rates.

#### **AUDIT AUTHORITY:**

FY 02-03 Cost Report Instruction Manual (CFRS, page 27).

#### **RECOMMENDATION:**

We recommend that the County review the cost report instructions, and select and develop an appropriate method to distribute its costs between Modes and Service Functions.

#### **AUDITEE'S RESPONSE:**

We have reviewed the findings related to the FY02-03 audit and accept the recommendations as proposed.

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### **DEPARTMENT OF MENTAL HEALTH**

## CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

**Fiscal Year 2002-2003** 

County: STANISLAUS COUNTY

County Code: 50

Legal Entity: STANISLAUS COUNTY	Α	В	C
Legal Entity Number: 00050	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	32,967,697	39,822,859	72,790,556
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)		(19,618,789)	(19,618,789)
4 Other Adjustments (Provide Detail)	841,148	(13,001,377)	(12,160,229)
5 Total Costs Before Medi-Cal Adjustments	33,808,845	7,202,693	41,011,538
6 Medi-Cal Adjustments from MH 1961			307,724
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			41,319,262
Administrative Costs (County Only)			
9 SD/MC Administration			3,259,869
10 Healthy Families Administration			40,028
11 Non-SD/MC Administration			2,572,407
12 Total Administrative Costs			5,872,304
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			<u>1,063,909</u>
14 Other SD/MC Utilization Review			48,254
15 Non-SD/MC Utilization Review			318,777
16 Total Utilization Review Costs			1,430,940
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			34,016,018
			11 010 000
19 Total Costs - Lines 9 through 18			41,319,262

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

#### **DEPARTMENT OF MENTAL HEALTH**

**Fiscal Year 2002-2003** 

County: STANISLAUS COUNTY

County Code: 50

	ity: STANISLAUS COUNTY	A	В	С
Legal Entity Numb	er: 00050	Salaries		Total
		and Benefits	Other	Adjustments
1 EQUIPMENT	DEPRECIATION		383,189	383,189
2 Equipment Pur	chases		(75,465)	(75,465)
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20 Total Adjustm	ents		307,724	307,724

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

**DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003** 

County: STANISLAUS COUNTY County Code: 50

Legal Entity: STANISLAL	JS COUNTY	A
Legal Entity Number: 00050		Total
		Costs
1 Mode Costs (Direct Service an	d MAA) from MH 1960	34,016,018
Modes		
2 Hospital Inpatient Services	(Mode 05-SFC 10-19)	14,083,197
3 Other 24 Hour Services (Mo	ode 05-All Other SFC)	
4 Day Services (Mode 10)		42,605
5 Outpatient Services (Mode	15 Program 1 + Program 2)	15,682,627
6 Outreach Services (Mode 4	5)	3,697,052
7 Medi-Cal Administrative Act	ivities (Mode 55)	
8 Support Services (Mode 60)		510,537
9 Total - Lines 2 through 8		34,016,018

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: STANISLAUS COUNTY

County Code: 50

CR CR Legal Entity: STANISLAUS COUNTY Legal Entity Number: 00050 Service Service Service Service Service Service Mode: 05 - Hospital Inpatient (SFC 10-19) Mode Total Function Function Function Function Function Function 10 10 Allocation Percentage 100.00% 1.69% 98.319 2 Total Units 20.500 352 Gross Cost 14.083,197 13,845,460 237 737 4 Cost per Unit 675 39 675 39 SMA per Unit 838.20 235.96 6 Published Charge per Unit 1.036.54 1,036.54 7 Negotiated Rate / Cost per Unit 07/01/02 - 09/30/02 1.950 119 Medi-Cal Units 5.536 8A 10/01/02 - 06/30/03 207 07/01/02 - 09/30/02 477 Medicare/Medi-Cal Crossover Units 9A 10/01/02 - 06/30/03 1,798 10 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Units 10A 14 10/01/02 - 06/30/03 10B Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 2 07/01/02 - 09/30/02 Healthy Families (SED) Units 10/01/02 - 06/30/03 21 12 Non-Medi-Cal Units 10,699 26 46,279 13 07/01/02 - 09/30/02 1.363.286 1.317.007 Medi-Cal Costs \* 13A 10/01/02 - 06/30/03 3.817.028 3,738,950 78,079 14 07/01/02 - 09/30/02 1.680.769 1,634,490 46.279 Medi-Cal SMA Upper Limits 14A 10/01/02 - 06/30/03 4.718.354 4.640,275 78 079 15 07/01/02 - 09/30/02 2.067.532 2.021,253 46,279 Medi-Cal Published Charges \* 10/01/02 - 06/30/03 | 5,816,364 | 5,738,285 78,079 07/01/02 - 09/30/02 Medi-Cal Negotiated Rates 16A 10/01/02 - 06/30/03 322,160 07/01/02 - 09/30/02 322,160 Medicare/Medi-Cal Crossover Costs 1,214,348 10/01/02 - 06/30/03 1.214.348 07/01/02 - 09/30/02 399.821 399,821 Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/30/03 1.507.084 1,507,084 19 07/01/02 - 09/30/02 494,430 494 430 Medicare/Medi-Cal Crossover Published Charges 1,863,699 19A 10/01/02 - 06/30/03 1.863.699 20 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 2 026 2.026 Enhanced SD/MC (Children) Costs 10/01/02 - 06/30/03 9,455 9,455 22 22A 2,515 07/01/02 - 09/30/02 2,515 Enhanced SD/MC (Children) SMA Upper Limits 11,735 11,735 10/01/02 - 06/30/03 23 07/01/02 - 09/30/02 3,110 3,110 Enhanced SD/MC (Children) Published Charges 23A 10/01/02 - 06/30/03 14,512 14,512 24 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Negotiated Rates 10/01/02 - 06/30/03 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 1.351 1.351 26 Erhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 1,676 1,676 2,073 2,073 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 07/01/02 - 09/30/02 Healthy Families Costs 29A 14,183 10/01/02 - 06/30/03 14,183 30 07/01/02 - 09/30/02 Healthy Families SMA Upper Limits 30A 10/01/02 - 06/30/03 17,602 17,602 31 07/01/02 - 09/30/02 Healthy Families Published Charges 21,767 10/01/02 - 06/30/03 21,767 32 07/01/02 - 09/30/02 Healthy Families Negotiated Rates 32A 10/01/02 - 06/30/03 33 Non-Medi-Cal Costs 7,339,359 7,225,979 113.380

<sup>\*:</sup> SFC 05-19 limited to SMA, HBP & Ancillaries.

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: STANISLAUS COUNTY County Code: 50

CR

DETAIL COST REPORT

_	County Code: 50			CR				. — — —	
	Legal Entity: STANISLAUS COUNTY		A	В	С	D	E	F	G
Le	gal Entity Number: 00050		l	Service	Service	Service	Service	Service	Service
<u> </u>	Mode: 10 - Day Services		Mode Total	Function 86	Function	Function	Function	Function	Function
1 -	Allocation Percentage		100.00%	100.00%	<del></del>	<del> </del>	<del></del> -	<del> </del> -	<del>                                     </del>
2	Total Units		100.00%	130	<del></del>	<del> </del> -	<del> </del>		<b></b> -
3	Gross Cost		42,605	42,605			-		
	000000000000000000000000000000000000000	50000000000000000000000000000000000000		0000000000	000000000000	<u>erenerezenea</u>		<u> </u>	CONTRACTOR OF THE PARTY OF THE
4	Cost per Unit SMA per Unit			327.73		<b></b>	<del> </del> -		<del></del> -
5	Published Charge per Unit			177.60 400.00		<del></del>	<del></del>		<del></del>
7	Negotiated Rate / Cost per Unit			400.00			<del> </del>		
	and an analysis and a second an	Constantion and Constant			anna againe	1000000000000	0400000000000	International	-,-: <u>::::::::::::::::::::::::::::::::::</u>
8	Medi-Cal Units	07/01/02 - 09/30/02							
8A		10/01/02 - 06/30/03			<u> </u>				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	<del></del>	10/01/02 - 06/30/03			ļ	<del></del>			
10 10A	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03					<del></del>		ļ
	Enhanced SD/MC (Refugees) Units				-				
11		07/01/02 - 06/30/03						<del></del>	
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03							<del></del>
12	Non-Medi-Cal Units	15/01/02 - 00/00/03		130					
		02/04/00 00000			and Control	and a second	Service de la company		<u> </u>
13	Medi-Cal Costs	07/01/02 - 09/30/02				<u> </u>			
13A		10/01/02 - 06/30/03					-		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	<u> </u>				ļ		
14A		10/01/02 - 06/30/03							
15 15A	Medi-Cal Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
16		07/01/02 - 09/30/02	<del></del>					<del></del>	
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03			-			<del></del> -	
					anna ann an			nantigramen	3 <u>0.040.0000000</u> 000
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						li	
17A		10/01/02 - 06/30/03					<b> </b>		
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
19	<del></del>	07/01/02 - 09/30/02							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03	<del></del>						
20		07/01/02 - 09/30/02							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
		agandiya na asada ayasandi					<u> </u>		<del>er en </del>
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22 22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
23		07/01/02 - 09/30/02							
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	<del></del> -					<del></del>	
24		07/01/02 - 09/30/02	<del></del>						
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
	F-110040 (D.f) (O.1		Standard Star		arrain, arrain		40,000,000,000	1220,000,000	natificació
	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						$\longrightarrow$	
		07/01/02 - 06/30/03							
22.22	Entranced SOLVIC (Reingees) Negotiated Rates	07/01/02 - 06/30/03			and a distance of	<u> </u>	472444444		404000444
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03				]			
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03					1414 <u>1414, 4. 4. 41</u> 41 <del>7</del> . 4	************	
33	Non-Medi-Cal Costs		42,605	42,605					

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

#### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: STANISLAUS COUNTY

	County Code: 50			CR	CR	CR	CR		
	Legal Entity: STANISLAUS COUNTY		A	В	С	D	E	F	G
Le	gal Entity Number: 00050			Service	Service	Service	Service	Service	Service
L.	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
_	Allocation Percentage		100.00%	01 24.90%	10 40,65%	60 19.46%	70 14.99%		
2	Total Units		100.00%	2,282,733	2,980,696	713,503	686,901		
3	Gross Cost		15,627,273	3,891,802	6,352,188	3,041,105	2,342,177		
		000000000000000000000000000000000000000		000000000		10000000000		326)SECUL	
5	Cost per Unit SMA per Unit			1.70 1.77	2.13	4.26 4.23	3.41		├──
6	Published Charge per Unit			2.00	2.50	5.00	4.00		<del></del>
7	Negotiated Rate / Cost per Unit								
D.		07/04/02 00/20/02		265,157	510,872	96,859	88,100	andag <mark>annag:</mark>	01000 pp. pp. pp. pp. pp. pp. pp. pp. pp.
8 8A	Medi-Cal Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03		903,271	1,564,338	293,915	253,040		
9		07/01/02 - 09/30/02		303,271	670	17,738	480		
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		735	3,575	39,243	1,315		
10	5-1	07/01/02 - 09/30/02		1,460	7,176	435	100		
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03		2,630	11,665	1,295	770		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		570	435	525	120		
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		2,215	4,190	370	230		
11A		10/01/02 - 06/30/03		9,020	21,450	1,800	1,970		
12	Non-Medi-Cal Units			1,097,675	856,325	261,323	340,776	******	
13	Madi Cal Costs	07/01/02 - 09/30/02	2,254,022	452,063	1,088,724	412,834	300,401		
13A	Medi-Cal Costs	10/01/02 - 06/30/03	6,989,289	1,539,975	3,333,775	1,252,730	862,809		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	2,344,251	469,328	1,164,788	409,714	300,421		
14A	The current of the cu	10/01/02 - 06/30/03	7,271,607	1,598,790	3,566,691	1,243,260	862,866		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	2,644,189	530,314	1,277,180	484,295	352,400		
15A		10/01/02 - 06/30/03	8,199,122	1,806,542	3,910,845	1,469,575	1,012,160		
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03		79.7.22.7.23.	::::::::::::::::::::::::::::::::::::::	200000000000000000000000000000000000000	100000000000000	<u> </u>	nia and the an
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	78,668		1,428	75,603	1,637		
17A		10/01/02 - 06/30/03	180,618	1,253	7,619	167,262	4,484		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	78,196		1,528	75,032	1,637		
18A		10/01/02 - 06/30/03	179,934	1,301	8,151	165,998	4,484		
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03	92,285 211,883	1,470	1,675 8,938	88,690 196,215	1,920 5,260		
20		07/01/02 - 09/30/02	211,003	1,470	0,536	190,213	5,200		
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
/1011								dadadadada	
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	19,977	2,489	15,293	1,854	341		
21A 22		10/01/02 - 06/30/03 07/01/02 - 09/30/02	37,488	4,484 2,584	24,859 16,361	5,520 1,840	2,626 341		
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	21,127 39,355	4,655	26,596	5,478	2,626	<del></del>	
23		07/01/02 - 09/30/02	23,435	2,920	17,940	2,175	400		
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03	43,978	5,260	29,163	6,475	3,080		
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	Enhanced St/MC Negotiated Rates	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	4,546	972	927	2,238	409	<u></u>	<u>erantentiar</u>
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	4,631	1,009	992	2,221	409		
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	5,333	1,140	1,088	2,625	480		
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02	15,067	3,776	8,929	1,577	784	<u> Albana an </u>	<u>स्वतिवृद्धसम्बद्ध</u> ः
29A	Healthy Families Costs	10/01/02 - 06/30/03	75,480	15,378	45,712	7,672	6,717		·
30	Ille alther Committee CAAA II and I'm the	07/01/02 - 09/30/02	15,823	3,921	9,553	1,565	784		
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	79,203	15,965	48,906	7,614	6,718		
31	Healthy Families Published Charges	07/01/02 - 09/30/02	17,675	4,430	10,475	1,850	920		
31A	rieditily Families Fublished Charges	10/01/02 - 06/30/03	88,545	18,040	53,625	9,000	7,880		
32_	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	The state of the s	10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		5,972,119	1,871,412	1,824,922	1,113,816	1,161,969		*
_					,				

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

MHS

ASO

ASO

MHS

MHS

County: STANISLAUS COUNTY
County Code: 50

County Code: 50								
Legal Entity: STANISLAUS COUN	TY	Α	В	С	D	E	F	G
Legal Entity Number: 00050		1 .1	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Progra	am 2)	Mode Total	Function	Function	Function	Function	Function	Function
	_ <del></del>	<del>                                     </del>	10	60	01	10	60	01
1 Allocation Percentage		100.00%	4.67%	11,66%	1.47%	80.64%	1.57%	
2 Total Units			2,340	2,690	660	36,300	705	
3 Gross Cost		55,354	2,584	6,456	812	44,635	867	and Court of
4 Cost per Unit	<u> </u>		1.10	2.40	1.23	1.23	1.23	
5 SMA per Unit			2.28	4.23	1.77	2.28	4.23	1.
6 Published Charge per Unit								
7 Negotiated Rate / Cost per Unit								
8	07/01/02 - 09/30/02		1,255	540	360	8,854	144	restanting to
Medi-Cal Units	10/01/02 - 06/30/03		1,085	975	300	27,446	561	
	07/01/02 - 09/30/02		1,000			21,710		
Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	07/01/02 - 09/30/02							
Enhanced SD/MC Units	10/01/02 - 06/30/03							
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
(1)	07/01/02 - 09/30/02							
Healthy Families (SED) Units	10/01/02 - 06/30/03							
12 Non-Medi-Cal Units	1,555			1,175				
<u> </u>					100000000000000000000000000000000000000			<del>ocomo</del>
Medi-Cal Costs	07/01/02 - 09/30/02	14,189	1,386	1,296	443	10,887	177	
ISA Wed our costs	10/01/02 - 06/30/03	38,345	1,198	2,340	369	33,748	690	
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	26,579	2,861	2,284	637	20,187	609	
14A	10/01/02 - 06/30/03	72,079	2,474	4,124	531	62,577	2,373	
Medi-Cal Published Charges	07/01/02 - 09/30/02	<del></del>						
5A Wed out abilities of diges	10/01/02 - 06/30/03							
Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	<del></del>						
16A	10/01/02 - 06/30/03		**********	*************	224441.025.0		***********	
Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover SMA Upp	er Limits 07/01/02 - 09/30/02							
18A	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover Published	Charges 07/01/02 - 09/30/02							
<u> </u>	10/01/02 - 06/30/03	<del></del>						
Medicare/Medi-Cal Crossover Negotiate	d Rates 07/01/02 - 09/30/02	<del></del>						
20A	10/01/02 - 06/30/03	L						
21 Fabruary Space Contr	07/01/02 - 09/30/02	1						
Enhanced SD/MC Costs	10/01/02 - 06/30/03							
12	07/01/02 - 09/30/02							
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03							
3 5-1	07/01/02 - 09/30/02							
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
Fabracad CD04C Novellated Dates	07/01/02 - 09/30/02							
Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
5 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	CONTRACTOR OF STREET	and an extensive	nettgeresti.	STATE OF THE PARTY		<u> </u>	, - , - <u>, - , - , - , - , - , - , - , -</u>
6 Enhanced SD/MC (Refugees) SMA Uppe		<del>                                     </del>					+	
7 Enhanced SD/MC (Refugees) Published		<del></del>						
8 Enhanced SD/MC (Refugees) Negotiated		+				+		
		27.00.00	or the second second		erana ilayan b	<u> </u>		<u> </u>
Healthy Families Costs	07/01/02 - 09/30/02							
9 <u>A</u>	10/01/02 - 06/30/03							
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
UA	10/01/02 - 06/30/03					1		
Healthy Families Published Charges	07/01/02 - 09/30/02							
11A  '	10/01/02 - 06/30/03							
Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
2A Treatily Full lines Hegoliated Rates	10/01/02 - 06/30/03							
3 Non-Medi-Cal Costs		2,820	(0)	2,820	0	٥	(0)	<u>errarantenini</u>

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

### ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: STANISLAUS COUNTY County Code: 50

Le	Legal Entity: STANISLAUS COUNTY gal Entity Number: 00050		H Service	Service	Service	K Service	L_ Service	M Service	N Service
	Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
			70						
<u>1</u>	Allocation Percentage					ļ			
2_	Total Units				<b> </b>	ļ			
3	Gross Cost			100000000000		10/01/06/01/01/01/01/01			100000000000000000000000000000000000000
4	Cost per Unit								
5	SMA per Unit		3.41						
6	Published Charge per Unit				<b></b> _				<u> </u>
7	Negotiated Rate / Cost per Unit			0000000000					-1-1-1-1-1-1-1-1
8	Medi-Cal Units	07/01/02 - 09/30/02							1
A8	Wiedi-Cai Offics	10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	The district of the district o	10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02			Ļ				
10A	5	10/01/02 - 06/30/03				<u></u>		ļ	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			<u> </u>		<u> </u>		
11 11A	Healthy Families (SED) Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03			<del></del>				
	Non-Medi-Cal Units	10/01/02 - 06/30/03							<del> </del>
11.77	Commedication of the control of the	<u> </u>	abgaalahga	eretgereret <u>se</u> er	1-11-11-11-12-11-11-11-1	name of the same		a deposit following con-	10.14.15.15.15.17.17.17.17.17.17.17.17.17.17.17.17.17.
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A		10/01/02 - 06/30/03			<u></u>				<u> </u>
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03			<del></del>				
16 16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03			<del></del>				
	<u> </u>		******		10000000000	***********	30000000000	10000 <u>0000000</u>	eser especie
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							<u></u>
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A 19		10/01/02 - 06/30/03							
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
20		07/01/02 - 09/30/02							_
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03				l		<del></del>	
	<u>ang kananan dagang bahas daga</u> kanan <u>ada</u> kahasa ang palamanan <u>da</u> pantabahan bega		<del>erges</del> Report	100,000,000,000,000,000,000,000,000,000		garatagarararang	<u>arangan paga</u> natana		of programming.
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22 22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
23		07/01/02 - 09/30/02			L				
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03				<del></del>			
24	5 L 10000 W W 15 5	07/01/02 - 09/30/02			<del></del>				
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03							
14242	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03				<u> स्वयंत्रकः स्वयंत्रकः</u>			<u> कर्म्य स्ट्रिक्स स्ट</u>
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						——— <del>-</del>	
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
20.0		ાં કો જ નાં માર્ચ મેં એક આ સામાર્ચ એ સામ		300000000000					<u> </u>
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03		<del></del>					
32 32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
		10/01/02 - 06/30/03	1				i i		

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: STANISLAUS COUNTY
County Code: 50

CR CR

	egal Entity: STANISLAUS COUNTY	A	В	C	D	E	F	G
Legal Entity	y Number: 00050		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
		1 ]	10	20				
1 Allocati	ion Percentage	100.00%	46.84%	53.16%				
2 Total U			12,539	19,662				
3 Gross		3,697,052	1,731,605	1,965,447				
4 Cost pe	er Unit		138.10	99.96	() संबंधी शतका संबंधी			
-	edi-Cal Units		12,539	19,662				
	edi-Cal Costs	3,697,052	1,731,605	1,965,447	**************************************	<u>erratustistas antistas a</u> tr	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> productions</u>

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: STANISLAUS COUNTY
County Code: 50

CR

	County Code. 50		CR	CR				
	Legal Entity: STANISLAUS COUNTY	A	В	С	D	E	F	G
Le	gal Entity Number: 00050		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
		1	20	64				
1_	Allocation Percentage	100.00%	21.81%	78.19%				
2	Total Units		916	1		_		
3	Gross Cost	510,537	111,371	399,166				
	<u> </u>				<u> </u>	<u> </u>		
4	Cost per Unit		121.58	399,166.00		_	i	
5	Non-Medi-Cal Units (Same as Line 2)		916	1				
27.0				<u> </u>	<u>arabarak</u> an dan dan perjamban	14.14 (3.23.24.14.14.14.14.14.	4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5	
6	Non-Medi-Cal Costs (Same as Line 3)	510,537	111,371	399,166			1	

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

A B C T TOWN STANDLAND SCHOOL TOWN SCH													County: STANISLAUS COUNTY County Code: 50
Index   Control   Contro	К-	Costs				Costs Costs			REIMBURSEMENT TYPE  A B C D			<del> </del>	
Temporal Content	Total Outpatient (Col. I + Col. J)		Outpatient Exclude			Mode 05-All	Total Inpatient Mode 05-	Total		Mode 55 S. F.'s 11-19,			egal Entity Number: 00050
MacCard SMA	2,268,211 7,027,634	14,189	2,254,022	2,254,022	Mode 10	Other	1,363,286		S.F.s 21-29	31-39	S. F.'s 01-09		Medi-Cal Costs
2	2,370,830 7,343,686	26,579	2,344,251	2,344,251			1,680,769					07/01/02 - 09/30/02	Medi-Cal SMA
Medical N. R.	2,644,189		2,644,189	2,644,189			2,067,532					07/01/02 - 09/30/02	Medi Cal D. C
Med-Cal Cross Reimbursement	8,199,122		8,199,122	8,199,122			5,816,364					07/01/02 - 09/30/02	Medical N R
MedicareNed-Cut Crossover Cost	2,268,211 7,027,634		2,254,022 6,989,289		200000000							07/01/02 - 09/30/02	
Total SDMC   Chieren   SMA   107102   090002   150744   178   189   78.186   189	78,668 180,618	<u> </u>	78,668	78,668			322,160					07/01/02 - 09/30/02	Medicara/Medi.Cal Crossover Cost
	78,196 179,934		78,196	78,196 179,934			399,821					07/01/02 - 09/30/02 10/01/02 - 06/30/03	Medicare/Medi-Cal Crossover SMA
Section   Continue	92,285 211,883											10/01/02 - 06/30/03	Medicare/Medi-Cal Crossover P. C.
100   100	<del></del>					-							Medicare/Medi-Cal Crossover N. R.
11A   Demonstration   100/102 - 063003   3,031,378   7,199,907	78,668 180,618		78,668 180,618										
172	2,346,879 7,208,252		2,332,690		2,444,499,434		1,685,446 5,031,376						
13	19,977 37,488												
14A	21,127 39,355		39,355	39,355			11,735					07/01/02 - 09/30/02 10/01/02 - 06/30/03	A Enhanced SD/MC (Children) SMA
15A   Eminated SCIMC (Children) Gross Reim   100 102 - 0630003   2.026   19.977	23,435 43,978											10/01/02 - 06/30/03	A Emilanced SD/Mic (Children) F. C.
			.*				, r. r. r. c.					07/01/02 - 09/30/02 10/01/02 - 06/30/03	
18 Enhanced SDMC (Refugees) P. C.   07/10/12 - 06/30/03   5.333   5.	19,977 37,488											07/01/02 - 09/30/02 10/01/02 - 06/30/03	
19	4,546												Enhanced SD/MC (Refugees) Cost
21   Total Medi-Cal Gross Reimbursement   07/01/02 - 09/30/02   1.687/472   2.352,867   2.352,867   14.189     21A (Excludes Refugees)   10/01/02 - 08/30/03   5.040,832   7.207,395   7	4,631 5,333											07/01/02 - 06/30/03	Enhanced SD/MC (Refugees) P. C.
Enhanced SDIMC (Refugees) Gross Reim.   07/01/02 - 06/30/03   1,351   4,546   4,546   4,546   23.24   15,067			·····				···· <u>···</u>					**********************************	N C
Enhanced SDIMC (Refugees) Gross Reim.   07/01/02 - 06/30/03   1,351   4,546   4,546   4,546   23.24   15,067	2,366,856 7,245,740												Total Medi-Cal Gross Reimbursement  A (Excludes Refugees)
1001/02 - 06/30/03   17,602   79,203	4,546			4,546								atata (atau atau ata ta	Enhanced SD/MC (Refugees) Gross Reim.
1001/02 - 06/30/03   17,602   79,203	15,067 75,480				=		14 183						Healthy Families Cost
Healthy Families P. C.	15,823		15,823	15,823								07/01/02 - 09/30/02	Healthy Families SMA
Healthy Families N. R.   07/01/02 - 09/30/02   14,183   15,067	79,203 17,675		17,675	17,675								07/01/02 - 09/30/02	
Part	88,545		88,545	88,545			21,/6/					07/01/02 - 09/30/02	Healthy Families N. P.
Less: Patient and Other Payor Revenues   07/01/02 - 09/30/02   285,328   23,536	15,067											07/01/02 - 09/30/02	
28 SD/MC + Crossover Revenues 07/01/02 - 09/30/02 285.328 23.535 23.535 23.535 28 28 28 29 Enhanced SD/MC (Children) Revenues 996,188 61,047 61,047 15,211 29 Enhanced SD/MC (Refugees) Revenues 30 Enhanced SD/MC (Refugees) Revenues 31 Healthy Families Revenues 32 Total Expenditures from MAA (Mode 55) 33 Medi-Cal Eligibility Factor (Average) 34 Revenue - MAA 35 Net Pure SD/MC (Refugees) 1,401,144 2,329,131 2,329,131 14,189	75,480		75,480	75,480			14,183					[10/01/02 - 06/30/03	
Enhanced SDMC (Children) Revenues	23,536 76,258	15 211										07/01/02 - 09/30/02	A CONTROL CICAGO (CETORIGES
32 Total Expenditures from MAA (Mode 55) 33 Medi-Cal Eligibility Factor (Average) 34 Revenue - MAA 35 Net Disc SDAIC for Direct Services   07/01/02 - 09/30/02   1,401,144   2,329,131   2,329,131   14,189		10,211		01,547			990,100					1145 1102 - 00150103	Enhanced SD/MC (Children) Revenues Enhanced SD/MC (Refugees) Revenues
33 Medi-Cal Eligibility Factor (Average) 34 Revenue - MAA 35 Net Due SPANC for Direct Services   07/01/02 - 09/30/02   1,401,144   2,329,131   2,329,131   14,189	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		· · · · · · · · · · · · · · · · · · ·	*****	*********							ogramma in Speciment (1995)	
34   Revenue - MAA													Medi-Cal Eligibility Factor (Average)
35 Net Due - SD/MC for Direct Services 07/01/02 - 09/30/02 14.189 2.329.131 2.329.131 14.189												- 	Revenue - MAA
35A N. C.	2,343,320 7,169,482	14,189 23,134	2,329,131 7,146,348	7,146,348			4,044,644					07/01/02 - 09/30/02 10/01/02 - 06/30/03	<u> </u>
36 Net Due - Enhanced SD/MC (Refugees) 1,351 4,546 4,546 37 Net Due - Healthy Families 100/102 - 09/30/02 15,067 15,067 17,460 75,480 7	4,546 15,067		15,067	15,067									Net Due - Healthy Families
37A 10/01/02 - 06/30/03 14,183 75,480 75,480 Amount Negotiated Rates Exceed Costs	75,480		15,480	15,480			14,183					[10/01/02 - 00/30/03	ia filità factaria con a cata cata cata cata cata con a con acta cata cata cata cata cata cata cat
38 SD/MC (Includes Children)   07/01/02 - 09/30/02	<u> ananyanininini</u>		<u> </u>	agagiriraririgigi (	***************************************								SD/MC (Includes Children)
39A   10/01/02 - 06/30/03   10/01/02 - 06/30/02   10/01/02 - 06/30/02   10/01/02 - 06/30/02   10/01/02 - 06/30													Enhanced SD/MC (Refugees)
40 Healthy Families 07/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03													Healthy Families

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### **DEPARTMENT OF MENTAL HEALTH**

#### **DETAIL COST REPORT**

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: STANISLAUS COUNTY

County Code: 50

Legal Entity: STANISLAUS COUNTY

Legal Entity Number: 00050	Α	В	С	D	E	F	
Data Type	Net Dire	ct Costs	F	-P	Effective		
Data Type	(Gross Reim. C	osts - Revenue)	Dol	lars	FFP%		
Source	MH1	970s	MH1	970s	Calc	ulated	
	Column N	Column Q	Column R	Column U	Calci		
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)	1,399,118	4,035,188	719,147	2,078,953	<b>,7</b> (17.7)	3. X. 1. X.	
2 05 - Other 24 Hour Services (All Other SFC)					<b>建筑"方,种称</b>		
3 10 - Day Services				_			
4 15 - Outpatient (Program 1)	2,309,154	7,108,860	1,186,905	3,667,393		5 2 3 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5 15 - Outpatient (Program 2)	14,189	23,134	7,293	11,693	<b>走到沙野</b> 科(3)		
6 Totals	3,722,461	11,167,182	1,913,345	5,758,038	Constitution (1)	A Section	
7 Totals from MH1979	3,722,461	11,167,182	1,913,345	5,758,038		1.375	
8 Effective SD/MC FFP %	2.30 <b>0</b> 00.35. (4.30		**	**************************************	51.40%	51.56%	

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT

#### \$D/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

County: STANISLAUS COUNTY							FFP % Source:	FFP % Source:			
County Code: 50							MH1978 E8	MH1978 F8			
Legal Entity: STANISLAUS COUNTY		A	В	С	D	E_	F _	G	H		J
Legal Entity Number: 00050		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.56% FFP	¹Variable % FFP	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)										
1 County SD/MC Direct Service Gross Reimburse			6,729,655	9,617,142	16,346,796						
2 Contract Provider Medi-Cal Direct Service Gross			131,194	11,812,415	11,943,609						
3 Total Medi-Cal Direct Service Gross Reimburse	ment				28,290,405						
4 Medi-Cal Administrative Reimbursement Limit					4,243,561						
5 Medi-Cal Administration					3,259,869						
6 Medi-Cal Administrative Reimbursement					3,259,869	1,629,935					1,629,935
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross R			14,183	305,471	319,654						
8 Healthy Families Administrative Reimbursement	Limit				31,965						
9 Healthy Families Administration					40,028						
10 Healthy Families Administrative Reimbursement					31,965				20,857		20,857
SD/MC Net Reimbursement for MAA	<u> </u>										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09											
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		_									
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	(County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (	County Only)				1,063,909					797,932	797,932
15 Other SD/MC Utilization Review (County Only)					48,254	24,127					24,127
16	07/01/02 - 09/30/02		1,399,118	2.323.343	3.722.461		1.913.345				1.913.345
	10/01/02 - 06/30/03		4,035,188	7,131,994	11,167,182			5,758,038			5,758,038
17	07/01/02 - 09/30/02		2,026	19,977	22,003				14,518		14,518
Enhanced SD/MC Net Reimb. (Children)	10/01/02 - 06/30/03		9,455	37,488	46,944				30,513		30,513
18 Enhanced SD/MC Net Reimb. (Refugees)			1,351	4,546	5,896				5,896		5,896
19 Total SD/MC Reimbursement Before Excess FF	<u>daddqqqadddddqqq</u> D										10,174,304
20 Amount Negotiated Rates Exceed Costs - SD/M			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(1-1-(-1-1-1-1-1-1-1-1-1-1-1-1-1	<u> </u>						10,174,304
21 Total SD/MC Reimbursement (FFP)	<u> </u>										10,174,304
22 Contract Limitation Adjustment											10,111,501
23 Adjusted Total SD/MC Reimbursement (FFP)											10,174,304
71 07/04/02 00/20/02			<u> </u>	15,067	15.067				9,941		9,941
	10/01/02 - 09/30/02		14.183	75,480	89.663				58,281		58,281
25 Total Healthy Families Reimbursement Before Excess FFP			14,103	73,480	07,003				اهرکور		89,079
26 Amount Negotiated Rates Exceed Costs - Health					<u> </u>						07,079
27 Total Healthy Families Reimbursement	iy i willing										89,079
		<u>*1*1*1*1*1*1*1*1*1*1*1*1*1*1*1*1*1*1*1</u>	<u>eseretetetetetetetetetet</u>	<u> </u>	<u>es es respesar la mente de deste de de de de</u>	<u> </u>		<u> </u>	<u> </u>	(*)* <u>(*)*(*)*(*)*(*)*(*)*(*)</u>	0,077

#### DEPARTMENT OF MENTAL HEALTH

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (10/04)

Fiscal Year 2002-2003

COUNTY NAME: STANISLAUS COUN		LEGAL ENTITY		NAME: STANISLAUS COUNTY						
COUNTY CODE: 50		LEGAL ENTITY		NUMBER: 00050						
Α	В	С	D	E	F	G	н_	I		
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT		
		\$231.30	07/01/02 - 07/31/02	3	\$ 694	\$298	\$125	\$1,116		
SD/MC		\$236.38	08/01/02 - 09/30/02	116	\$ 27,420	\$12,495	\$5,247	\$45,162		
<b>32</b> , <b>3</b>		\$236.38	10/01/02 - 12/31/02	207	\$ 48,931	\$20,528	\$8,620	\$78,079		
		\$236.38	01/01/03 - 06/30/03							
		NET TO HAVE			Zarate de la casa	**************************************	Sub Total:	\$ 124,35		
Children EMC	ļ	\$231.30	07/01/02 - 07/31/02							
		\$236.38	08/01/02 - 09/30/02							
		\$236.38	10/01/02 - 12/31/02							
	Sarris estilation and an annual	\$236.38	01/01/03 - 06/30/03			ayra 1911 - 1970 - 1970 - 1980 - 1980 - 1980 - 1980	Sub Total:			
							Sub lotal:			
		\$231.30	07/01/02 - 07/31/02							
Refugees EMC		\$236.38	08/01/02 - 09/30/02							
		\$236.38	10/01/02 - 12/31/02							
		\$236.38	01/01/03 - 06/30/03	recovery and		•	Sub Total:	n de la companya de l		
		\$231,30	07/01/02 - 07/31/02				Standard Color	SECTION OF THE PROPERTY OF THE		
Healthy Families		<u> </u>			<del></del>					
		\$236.38	08/01/02 - 09/30/02	-						
	<del></del>	\$236.38	10/01/02 - 12/31/02							
		\$236.38	01/01/03 - 06/30/03	restant and a second			Sub Total:	445.425.446		
<u> </u>	************************************	1960 - CONTACT & NO. 1900 - 1		2 3	4					
			GRA	ND TOTAL	\$ 77,045	\$33,321	\$ 13, <u>992</u>	\$ 124,35		